Santa Clara Police Department CITIZEN'S POLICE ACADEMY

Application for Consideration

Please submit to Carolyn McDowell, 601 El Camino Real, Santa Clara, CA 95050 or cmcdowell@santaclaraca.gov

First Name Middle Name		Last Name	
Home Street Address			
City	Zip Code		
Home Phone Work Phone		Cell Phone _	
Email Address			
Date of Birth	Place of Birth		Driver's License Number
Employer	Job T	itle	
Employer Address			
Why would you like to be o	considered as a participant in the Citizen'	s Police Acad	emy?
	' '		,
How did you hear about th	e Citizen's Police Academy?		
Emergency Contact Name Relat			
Emergency Contact Home Phone Work Phone			
Are you at least 21 years of age?		YES	NO
Have you ever been arrested?		YES	NO
Have you ever been convicted of a criminal offense?		YES	NO
Are you currently on probation?		YES	NO
Are you currently on parole?		YES	NO
Have you applied to work for the Santa Clara Police Department?		YES	NO
	pacity?		
(Initials) I certify that	the statements made by me in this applicatio ood faith. I understand that falsification, misre	n are true, com	plete and correct to the best of my knowledge romission of facts called for by the application
educational institutions, and application. I hereby release	law enforcement agencies, and otherwise	e verify the action its representate	information from all references, employers, ocuracy of the information contained in the tive from seeking, gathering and using such g information.
	port all contact(s) (e.g. speeding ticket, arrest to the Staff Analyst or Lieutenant immediately		law enforcement agency during the course of
Applicant Signature			 Date